

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

### **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

4.75

5.65

State	
District	
County	

DUE
DATES

8

8

1978

1980

No

No

#### **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 0569 White Sulphur Spgs Elem Elementary 30 Meagher District Contract Daily # of Days Transported # Shared Family's Name Rate 8 1963 No Pauley, Linda M 5.65 Schmock, Connie 8 1966 Yes 0.50 8 1967 No Weitz, Richard 0.60 1968 Weitz, Gail 8 No 0.25 1970 Shepherd, Dayna 8 No 2.05 8 1971 Yes Rader, Cretchen 0.38 8 1972 Hull, Brenda No 5.00 8 1973 Hauge, Sheila 3.50 No 1974 Golberg, Bruce & Deborah 8 No 4.25 8 1975 Galt, Jill No 2.50 8 1976 No Dupea, Michael R 1.55 8 1977 Deal, Debbi No 3.80

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Loerger, M. Joleen

Pauley, Linda M

PI

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### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 30 Meagher 0570 White Sulphur Spgs H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 8 1933 No Nicholes, K.G.H. 5.00 Teague, Kenneth 8 1965 No 6.00 8 1966 Schmock, Connie Yes 0.50 8 1969 Thornes, Kent No 6.00 8 1971 Rader, Cretchen 0.37 Yes

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Office of Public Instruction
PO Box 202501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

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### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 30 Meagher 0574 Ringling Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 34 1964 No Kiff, Edward F 2.00 1981 Williams, Bert & Debbie 34 No 3.50

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